MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08725

CERTIFICATE OF DEATH

08733

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Slye (Last) Barber

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Jan. 27 1888 — 9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Farm — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Chapman B. Barber — 14. MOTHER'S MAIDEN NAME: Mary J. Forest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Richard F. Barber Mechanicsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis, DUE TO — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardiac decompensation, due to arteriosclerotic c v dis. DUE TO — 6 yrs
(c) with auricular fibrillation

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Sept 14, 1954, that I last saw the deceased alive on Sept 14 54 and that death occurred at 12:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Smythe, M.D. — ADDRESS Mechanicsville Md — DATE SIGNED 9/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-16-54 — NAME OF CEMETERY OR CREMATORY St Joseph — LOCATION (City, town, or county) (State) Morganza Md.

DATE REC'D BY LOCAL REGISTRAR 9/16/54 — REGISTRAR'S SIGNATURE Alan N. Houser M.D. — 24. FUNERAL DIRECTOR Jos. C. Mattingly — ADDRESS Leonardtown, Md.

VS. A15

RECEIVED
SEP 17 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08726

CERTIFICATE OF DEATH

08734

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Saint Mary's — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bushwood

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: St. Mary's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bushwood

STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Lavania (Last) Blair

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/21/1874

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Catherine Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT & ADDRESS: Olive B. Blaustein-- Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cardiac decompensation — 2 days.

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized — 5 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to 18 Sept., 1954, that I last saw the deceased alive on 17 Sept., 1954, and that death occurred at 6:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E. Gill M.D. — ADDRESS: Leonardtown, Md. — DATE SIGNED: 20 Sept 1954.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/21/54	All Saints	Oakley, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-20-54 — REGISTRAR'S SIGNATURE: Alan D. Hauser, M.D.

24. FUNERAL DIRECTOR — ADDRESS: P. B. Robinson-- Leonardtown, Md.

RECEIVED
SEP 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08727

CERTIFICATE OF DEATH

08735

Reg. Dist. No. 281

1. PLACE OF DEATH:
COUNTY St Mary's | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alms House

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Henery (Last) Butler

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1866

9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Henery Butler

14. MOTHER'S MAIDEN NAME: Henritta Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Frances Butler 4606 Banner St. Brentwood, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis — 5 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1954, to Sept 23, 1954, that I last saw the deceased alive on Sept 22 1954, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE P P Benn (Degree or title) MD ADDRESS Great Mills Md DATE SIGNED Sept 24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-25-54 | NAME OF CEMETERY OR CREMATORY Our Lady's | LOCATION (City, town, or county) (State) Medley's Neck Md.

DATE REC'D BY LOCAL REGISTRAR Sept 24/54 | REGISTRAR'S SIGNATURE P P Benn MD Local Registrar | 24. FUNERAL DIRECTOR Jos. C. Mattingly | ADDRESS Leonardtown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08728

CERTIFICATE OF DEATH

08736

Reg. Dist. No. 2 82

1. PLACE OF DEATH:
COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park
STREET ADDRESS (If rural give location) #5 Rosevelt Ave.

3. NAME OF DECEASED: (Type or Print) (First) Arnetta (Middle) (Last) Frieson

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: colord

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-2-1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Eaves

14. MOTHER'S MAIDEN NAME: Fannie Ray

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Fortune Frieson - Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331 X
(a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b) Essential Hypertension — over 10 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1945, to 9/17, 1954, that I last saw the deceased alive on 9/17, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Fuchs, M.D. ADDRESS Leonardtown, Md. DATE SIGNED 9/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation DATE THEREOF 9-19-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Shelby, North Carolina

DATE REC'D BY LOCAL REGISTRAR 9-18-54 REGISTRAR'S SIGNATURE Alan D. Hauser, M.D.

24. FUNERAL DIRECTOR ADDRESS P. B. Robinson- Leonardtown, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08729

CERTIFICATE OF DEATH

08737

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burial Mech
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burial Mechanicsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Turner (Last) Harris

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Dec. 22-1857
9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR Months 9 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lexus Yorkshire
14. MOTHER'S MAIDEN NAME: Sallie Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic CV disease — 40 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948, to Sept 25, 1954, that I last saw the deceased alive on Sept 25 1954 and that death occurred at 4:15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Roy Luther, MD
ADDRESS Mechanicsville
DATE SIGNED 9/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 28-54
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Md
DATE REC'D BY LOCAL REGISTRAR 9/28-54
REGISTRAR'S SIGNATURE Alan D. Hauser mnt
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1 1954
BUREAU V. S.

08730

08738 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakley
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oakley
[redacted] ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) · (Last) Jameson

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 25-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer on State road

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Adam Jameson

14. MOTHER'S MAIDEN NAME: Rosa Jameson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Thelma A. Jameson Wash. D.C.

18. MEDICAL CERTIFICATION 5-29-7th S.C.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH indef.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY none (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ none Not while at work ☐

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF** Sept 11-54 — **NAME OF CEMETERY OR CREMATORY** All Saints — **LOCATION** (City, town, or county) Oakley (State) Maryland

DATE REC'D BY LOCAL REG. 9-9-54 — **REGISTRAR'S SIGNATURE** P. J. Beane, M.D. Local Registrar

24. FUNERAL DIRECTOR Jos C. Mattingley — **ADDRESS** Leonardtown Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08739

08731

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL (Lexington Park)
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, USNAS Patuxent River, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park
STREET ADDRESS (If rural give location) 683 Chinlee Drive

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Glen (Last) KIRSCHNER

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 16, 1923
9. AGE last birthday 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Airplane Pilot
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Glen P. KIRSCHNER
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 6-13-41 to 9-15-54 ----
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Infirmary, Patuxent River, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Injuries Multiple Extreme — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chesapeake Bay
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Patuxent River, St. Mary's, Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 15, 1954 1:30 p M.
21E. INJURY OCCURRED While at work ☒ Not while at work ☐
21F. HOW DID INJURY OCCUR? Airplane crash

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19..., that I last saw the deceased alive on ....., 19....., and that death occurred at 1:30 p M, from the causes and on the date stated above.

SIGNATURE S. Cassara S. CASSARA, LT MC USNR
ADDRESS M. D USNAS, PAX RIV MD.
DATE SIGNED 9-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-22-54
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9-22-54
REGISTRAR'S SIGNATURE P. J. Bean, MD Local Registrar
24. FUNERAL DIRECTOR ADDRESS Robinson Funeral Home, Leonardtown, Md.

VS. A15 — 10-5

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08732 MARYLAND STATE DEPARTMENT OF HEALTH 08740

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY Saint Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 3½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 1211 Guilford, Road

3. NAME OF DECEASED (Type or Print) (First) Wilmer (Middle) Lee (Last) Long
4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4/8/23
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Test Piolet
10b. KIND OF BUSINESS OR INDUSTRY Aviation
11. BIRTHPLACE (State or foreign country) Detriot, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME W. H. Long
14. MOTHER'S MAIDEN NAME Verna I. Buhrer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) W W 2
16. SOCIAL SECURITY No. 513-16-1615
17. INFORMANT AND ADDRESS Ruth I. Long Chapman, Kansas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull — 3 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures

19a. DATE OF OPERATION 9/13/54
19b. MAJOR FINDINGS OF OPERATION Repair of lacerations - tracheotomy
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Patuxent NAS (CITY OR TOWN) Lexington Park (COUNTY) St. Mary's (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 13 (Year) 54 (Hour) 4:30 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Plane crash.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Lexington Park, Md. 9/14/54

MODE OF CREMATION (Specify) Burial
DATE THEREOF 9-15-54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Chapman, Kansas

DATE REC'D BY LOCAL REG. 9-14-54
REGISTRAR'S SIGNATURE Alan D. Houser M.D.
24. FUNERAL DIRECTOR P.B.Robinson ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08733

CERTIFICATE OF DEATH

08741

Reg. Dist. No. 282

1. PLACE OF DEATH:

COUNTY Saint Mary's MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Saint Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Mary's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park Box 123

STREET ADDRESS (If rural give location) Rural #1

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Murchake Jr.

4. DATE OF DEATH: (Month) 9 - (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: April 12, 1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Tree Surgeon

10b. KIND OF BUSINESS OR INDUSTRY: Distric of Columbia

11. BIRTHPLACE (State or foreign country): Port Chester, Conn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Murchake Sr.

14. MOTHER'S MAIDEN NAME: Mary Koval

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1920 to 1922

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Michael Murchake Sr. Box 123 Lexington Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumocarp Embolus

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis

DUE TO

(c) Cholecystectomy + common bile duct exploration

Interval Between Onset And Death: 2 minutes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9, 17, 1954, to 9, 24, 1954, that I last saw the deceased alive on 9, 25, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Onarbaunly (Degree or title) M.D. ADDRESS Leonardtown DATE SIGNED Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-2-1954

NAME OF CEMETERY OR CREMATORY Slovak

LOCATION (City, town, or county) St. Mary's City, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10/7/54

REGISTRAR'S SIGNATURE Alan D. Houser MD

24. FUNERAL DIRECTOR P. B. Robinson ADDRESS Leonardtown, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 4 1954

08734

08742 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (In this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fowville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Hubert (Last) Payne

4. DATE OF DEATH (Month) Sept (Day) 7 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 4 1932

9. AGE last birthday: 21 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George X. Payne

14. MOTHER'S MAIDEN NAME: Mary Grace Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 215-30-0506

17. INFORMANT & ADDRESS: George X Payne Fowville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound fracture of skull — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 day

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. multiple abrasions

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Route 5 no

21c. (City or town) Dunkirk (County) St. Mary's (State) Md

21d. TIME OF INJURY (Month) 9 (Day) 6 (Year) 54 (Hour) 11:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Sept-9-54

NAME OF CEMETERY OR CREMATORY St Joseph

LOCATION (City, town, or county) (State) Mechanicsville Maryland

DATE REC'D BY LOCAL REG. Sept 8/54

REGISTRAR'S SIGNATURE [signature] Court Reporter

24. FUNERAL DIRECTOR Jos C. Watkins Jr

ADDRESS Leonardtown Maryland

08735 08743

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 3421 Annapolis Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary Catherine Phipps

4. DATE OF DEATH (Month) (Day) (Year) Sept 4 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April-15-1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Wagner
14. MOTHER'S MAIDEN NAME: Mary Catherine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Clarence Franklin Phipps 3421 Annapolis Road Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE P J Bean Mod M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED Sept 5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept-8-54
NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park
LOCATION (City, town, or county) (State) Anne Arundel Co. Md

DATE REC'D BY LOCAL REG. Sept 5/54
REGISTRAR'S SIGNATURE P J Bean Mod Local Registrar
24. FUNERAL DIRECTOR Jos C Mattingley
ADDRESS Leonardtown Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08736 08744

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 8 6

Items 8,9,FilmG170A 9-22-54 et

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Avenue — LENGTH OF STAY (in this place) left	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Avenue
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Henrietta (Middle) (Last) Short		4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 1954	
5. SEX Fem	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 9-11-1864
9. AGE last birthday 2 3 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Stella Dyson	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X

Immediate cause (a) Cerebral apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

(c) mental deficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. debility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1954, to Sept 11, 1954, that I last saw the deceased alive on Sept 9, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer		Avenue	9-11-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9-14-54	NAME OF CEMETERY OR CREMATORY all Saints	LOCATION (City, town, or county) Dalsy	(State) Md
DATE REC'D BY LOCAL REG. 9-11-54	REGISTRAR'S SIGNATURE Robert V. Palmer	24. FUNERAL DIRECTOR Joseph L. Mattingly	ADDRESS Leonardtown Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1[illegible]
BUREAU V. S.

08737 Item 8 FilmG170 9-15-54 et

08745

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 281

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN River Springs
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lane
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Kelly (Last) Tennyson
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 11 1912
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Mary's
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George S. Tennyson
14. MOTHER'S MAIDEN NAME: Mary Ruth Mattingly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: George S. Tennyson ave Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

822 X

Immediate cause (a) Compound fracture of skull — INTERVAL BETWEEN ONSET AND DEATH: immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) trauma

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. multiple abrasions.

19a. DATE OF OPERATION: none
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 520
21c. (City or town) Bushwood, (County) St. Mary's, (State) Md.
21d. TIME OF INJURY (Month) 9 (Day) 6 (Year) 54 (Hour) 8:30 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Auto turned over.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 10-54
NAME OF CEMETERY OR CREMATORY St Joseph
LOCATION (City, town, or county) Morganza (State) Md
DATE REC'D BY LOCAL REG. Sept 8/54
REGISTRAR'S SIGNATURE [signature] Local Registrar
24. FUNERAL DIRECTOR Jos. C. Mattingley
ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
SEP 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08738 **CERTIFICATE OF DEATH** 08746

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Robert (Last) Young
4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 21, 1913
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months 7 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Andrew Young
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ethel Young Great Mills, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Pericarditis With effusion — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Sept 20 1954, to Sept 29 1954 that I last saw the deceased alive on Sept 29 1954, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE Wm. H. Patrick (Degree or title) MD ADDRESS Lexington Park Md. DATE SIGNED 9-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-30-54
NAME OF CEMETERY OR CREMATORY Zion Westly
LOCATION (City, town, or county) Waldorf, (State) Md.
DATE REC'D BY LOCAL REGISTRAR 9/30/54
REGISTRAR'S SIGNATURE Alan A. Hauser
24. FUNERAL DIRECTOR Hunt + Ryon
ADDRESS Waldorf, Md.

mnb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 1 1954
BUREAU V. S.